

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAILCENTER

2022 OCT 31 AM 10:32

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC

ADDRESS (number and street)

855 NORTH BROAD STREET

Check if different than previously reported. (ACC)

PHILADELPHIA

PA

19123

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00362608

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on

11 / 08 / 2022

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
Runoff (30R)
Special (30S)

Election on

10 / 19 / 2022

in the State of

5. Covering Period

10 / 01 / 2022

through

10 / 19 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DONALD J ANTICOLI

Signature of Treasurer

[Handwritten Signature]

Date

10 / 24 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC

Report Covering the Period: From: 

M	D	Y
1	0	2

 / 

M	D	Y
0	1	2

 / 

V	V	V	V	V	V
2	0	2	2		

 To: 

M	D	Y
1	0	1

 / 

M	D	Y
1	9	2

 / 

V	V	V	V	V	V
2	0	2	2		

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1,	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>0</td><td>2</td><td>2</td></tr></table>	2	0	2	2	<table border="1" style="border-collapse: collapse;"><tr><td>3</td><td>8</td><td>6</td><td>0</td><td>4</td><td>3</td><td>2</td></tr></table>	3	8	6	0	4	3	2			
2	0	2	2													
3	8	6	0	4	3	2										
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>3</td><td>8</td><td>1</td><td>3</td><td>6</td><td>1</td></tr></table>	4	3	8	1	3	6	1								
4	3	8	1	3	6	1										
(c) Total Receipts (from Line 19) .....	<table border="1" style="border-collapse: collapse;"><tr><td>5</td><td>1</td><td>4</td><td>0</td><td>0</td></tr></table>	5	1	4	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>5</td><td>9</td><td>7</td><td>3</td><td>2</td><td>9</td></tr></table>	5	9	7	3	2	9			
5	1	4	0	0												
5	9	7	3	2	9											
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>4</td><td>3</td><td>2</td><td>7</td><td>6</td><td>1</td></tr></table>	4	4	3	2	7	6	1	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>4</td><td>5</td><td>7</td><td>7</td><td>6</td><td>1</td></tr></table>	4	4	5	7	7	6	1
4	4	3	2	7	6	1										
4	4	5	7	7	6	1										
7. Total Disbursements (from Line 31).....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table>	0	0	<table border="1" style="border-collapse: collapse;"><tr><td>2</td><td>5</td><td>0</td><td>0</td><td>0</td></tr></table>	2	5	0	0	0							
0	0															
2	5	0	0	0												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>4</td><td>3</td><td>2</td><td>7</td><td>6</td><td>1</td></tr></table>	4	4	3	2	7	6	1	<table border="1" style="border-collapse: collapse;"><tr><td>4</td><td>4</td><td>3</td><td>2</td><td>7</td><td>6</td><td>1</td></tr></table>	4	4	3	2	7	6	1
4	4	3	2	7	6	1										
4	4	3	2	7	6	1										
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table>	0	0													
0	0															
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="border-collapse: collapse;"><tr><td>0</td><td>0</td></tr></table>	0	0													
0	0															

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

NON-FEDERAL CAMPAIGN FINANCING

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC

Report Covering the Period: From: 10 / 01 / 2022 To: 10 / 19 / 2022

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	5 1 4 0 0	5 9 1 5 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5 1 4 0 0	5 9 1 5 0 0
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	5 1 4 0 0	5 9 1 5 0 0
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received.....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	0 0 0	5 8 2 9
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5 1 4 0 0	5 9 7 3 2 9
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5 1 4 0 0	5 9 7 3 2 9

NONN 101M10100040011

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements (Including Non-Federal Donations) .....	0 0 0	2 5 0 0 0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0 0 0	2 5 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0 0 0	2 5 0 0 0

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5 1 4 0 0	5 9 1 5 0 0
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5 1 4 0 0	5 9 1 5 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		

NONN10M101004N01010

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt
Mailing Address			MM / DD / YYYY
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer (for Individual)		Occupation (for Individual)	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER  
(check only one)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

Full Name (Last, First, Middle Initial)

**A.**

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State  
PA

Zip Code  
19102

FEC Identification Number

C

Purpose of Disbursement  
**Non federal candidate**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			<b>Election:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address			
City	State	ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text"/>	<input type="text"/>	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input type="text"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

NONDISCRIMINATION NOTICE

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC	FEC IDENTIFICATION NUMBER <b>C 0 0 3 6 2 6 0 8</b>
--	---

LENDING INSTITUTION (LENDER) Full Name _____ Mailing Address _____ City State Zip Code _____	Amount of Loan _____	Interest Rate (APR) _____ %
Date Incurred or Established _____		_____
Date Due _____		_____

A. Has loan been restructured?  No  Yes      If yes, date originally incurred \_\_\_\_\_

B. If line of credit,  
 Amount of this Draw: \_\_\_\_\_      Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?  
 \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: \_\_\_\_\_      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE _____
---	---------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE _____
Title	_____

INFORMATION ON LENDING INSTITUTIONS



**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full)  COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC	FEC IDENTIFICATION NUMBER ▼ <b>C 0 0 3 6 2 6 0 8</b>
---	---

Check if  24-hour report  48-hour report **>** New report Amends report filed on  /  /

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<input type="text"/>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	<input type="text"/>
(a) TOTAL Independent Expenditures .....	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_ Date  /  /

UNIVERSITY MICROFILMS INTERNATIONAL

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC</b>					
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:			Full Name of Subordinate Committee		
			Mailing Address		
City		State	ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address					Category/Type
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Date MM / DD / YYYY
			Senate	District: _____	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶				Amount	
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address					Category/Type
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Date MM / DD / YYYY
			Senate	District: _____	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶				Amount	
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address					Category/Type
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Date MM / DD / YYYY
			Senate	District: _____	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶				Amount	
Full Name (Last, First, Middle Initial) of Each Payee				<input type="checkbox"/> Memo Item	Purpose of Expenditure
Mailing Address					Category/Type
City		State	Zip Code		
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Date MM / DD / YYYY
			Senate	District: _____	
			Presidential		
Aggregate General Election Expenditure for this Candidate ▶				Amount	
SUBTOTAL of Expenditures This Page (optional).....▶					
TOTAL This Period (last page this line number only).....▶					

20160501 10:10:10 AM

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

NON-FEDERAL FUNDS ONLY

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

PAGE  OF

NAME OF COMMITTEE (In Full)

COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %	NONFEDERAL % <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> %

NONFEDERAL CANDIDATE SUPPORT

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative ..... [ ]

ii) Generic Voter Drive ..... [ ]

iii) Exempt Activities ..... [ ]

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_ [ ]

b) \_\_\_\_\_ [ ]

c) Total Amount Transferred For Direct Fundraising ..... [ ]

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_ [ ]

b) \_\_\_\_\_ [ ]

c) Total Amount Transferred For Direct Candidate Support ..... [ ]

vi) Public Communications Referring Only to Party (Made by PAC) ..... [ ]

NON-FEDERAL CONTRIBUTIONS

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) ..... [ ]

TOTAL This Period (Generic Voter Drive) ..... [ ]

TOTAL This Period (Exempt Activities) ..... [ ]

TOTAL This Period (Direct Fundraising) ..... [ ]

TOTAL This Period (Direct Candidate Support) ..... [ ]

TOTAL This Period (Public Communications Referring Only to Party) ..... [ ]

TOTAL This Period (Total Amount Transferred) ..... [ ]

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
 COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC

**A. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_ Date \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**B. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_ Date \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**C. Full Name (Last, First, Middle Initial)**  Memo Item **Allocated Activity or Event:**  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_  
 Activity or Event Identifier: \_\_\_\_\_

Category/Type \_\_\_\_\_ Date \_\_\_\_\_

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

\_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

NON-FEDERAL SHARE

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

NAME OF ACCOUNT	DATE OF RECEIPT <small>MM / DD / YYYY</small>	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- i) **Voter Registration**  
 Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**  
 Total Amount Transferred for Voter ID .....
- iii) **GOTV**  
 Total Amount Transferred for GOTV .....
- iv) **Generic Campaign Activity**  
 Total Amount Transferred for Generic Campaign Activity .....

NAME OF ACCOUNT	DATE OF RECEIPT <small>MM / DD / YYYY</small>	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- i) **Voter Registration**  
 Total Amount Transferred for Voter Registration.....
- ii) **Voter ID**  
 Total Amount Transferred for Voter ID .....
- iii) **GOTV**  
 Total Amount Transferred for GOTV .....
- iv) **Generic Campaign Activity**  
 Total Amount Transferred for Generic Campaign Activity .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

- TOTAL This Period (Voter Registration).....
- TOTAL This Period (Voter ID) .....
- TOTAL This Period (GOTV).....
- TOTAL This Period (Generic Campaign Activity).....
- TOTAL This Period (Total Amount of Transfers Received).....

NONPROFIT ORGANIZATION

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

A. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name <input type="checkbox"/> Memo Item				Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address				Allocated Activity or Event Year-To-Date	
City	State	Zip Code	<input type="checkbox"/>	Date	
Purpose of Disbursement				Category/Type	
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page					
FEDERAL SHARE		+	LEVIN SHARE		= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))					
FEDERAL SHARE			LEVIN SHARE		TOTAL AMOUNT
TOTAL This Period for the Levin Share					

NONDISCRIMINATION NOTICE

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full) <p style="text-align: center;">COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC</p>
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized ..... (Use Schedule L-A)		
(b) Unitemized .....		
(c) Total .....		
<b>2. OTHER RECEIPTS</b> .....		
<b>3. TOTAL RECEIPTS</b> .....		
(Add Lines 1c and 2)		
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (Use Schedule L-B)		
(a) Voter Registration .....		
(b) Voter ID .....		
(c) GOTV .....		
(d) Generic Campaign .....		
(e) Total .....		
<b>5. OTHER DISBURSEMENTS</b> .....		
<b>6. TOTAL DISBURSEMENTS</b> .....		
(Add Lines 4e and 5)		
<b>7. BEGINNING CASH ON HAND</b> .....		
(for Column B, use cash as of January 1st)		
<b>8. RECEIPTS</b> .....		
(from Line 3)		
<b>9. SUBTOTAL</b> .....		
(Add Lines 7 and 8)		
<b>10. DISBURSEMENTS</b> .....		
(From Line 6)		
<b>11. ENDING CASH ON HAND</b> .....		
(Subtract Line 10 From Line 9)		

NONDISCLOSURE INFORMATION

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINISTRATORS TEAMSTERS LOCAL 502 PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**SUBTOTAL** of Receipts This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

NON-FUNCTIONAL

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
(check only one)  4a  4c  5  
 4b  4d

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC**

NONN-HO-MH-ON-00220016

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**D.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**E.** Full Name (Last, First, Middle Initial) / Full Organization Name  Memo Item  
Mailing Address  
Date of Disbursement

City State Zip Code  
Purpose of Disbursement  
Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <i>10/25/22</i>
<input type="checkbox"/> USPS Priority Mail	Postmarked,
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>WDO</i> PREPARER	<i>10/31/22</i> DATE PREPARED

(3/2015)

NON-FEDERAL ELECTION DOCUMENT